

09-26-01

RECEIPT



Express Mail Label No.: EL 831678213 US
Date of Deposit: September 25, 2001

Attorney Docket No. 14445-501 CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Robert Chalifour et al.

SERIAL NUMBER: 09/867,847

EXAMINER: Not Yet Assigned

FILING DATE: May 29, 2001

ART UNIT: 1642

FOR: VACCINE FOR THE PREVENTION AND TREATMENT OF
ALZHEIMER'S AND AMYLOID RELATED DISEASES

September 25, 2001
Boston, Massachusetts

TECH CENTER 1600/2900

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Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

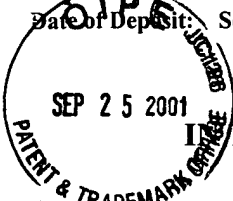
- ☒ Request for corrected filing receipt;
- ☒ Copy of filing receipt marked with corrections; and
- ☒ Return postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts.

Applicants believe that no fee is due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account No. 50-0311, Ref. No. 14445-501 CIP. A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,

Ivor R. Ehrlich, Reg. No. 39,529
Barry J. Marenberg, Reg. No. 40,715
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c/o MINTZ, LEVIN
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Boston, Massachusetts 02111
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REQUEST FOR CORRECTED FILING RECEIPT

- Applicants request a Corrected Filing Receipt for the above-mentioned patent application. Applicants enclose a copy of the Filing Receipt with the corrections noted thereon. Issuance of a corrected filing receipt is respectfully requested.
- There are errors with respect to the following data, which are:
☒ incorrectly entered
and/or
☐ omitted.

Error in**Correct data**


- | | | |
|----|-------------------------------------|---------------------------|
| 1. | <input checked="" type="checkbox"/> | Applicants' name |
| 2. | <input type="checkbox"/> | Applicants' address |
| 3. | <input type="checkbox"/> | Title |
| 4. | <input type="checkbox"/> | Filing Date |
| 5. | <input type="checkbox"/> | Serial Number |
| 6. | <input type="checkbox"/> | Foreign/PCT Application |
| 7. | <input type="checkbox"/> | Continuing Data |
| 8. | <input type="checkbox"/> | Other: Attorney's Address |

Lise Hebert

Applicants: Robert Chalifour et al.
U.S.S.N. 09/867,847

3. ☒ Applicants believe that no fee is due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account No. 50-0311, Ref. No. 14445-501 CIP.
4. Other documents:
- ☐ Copy of Limited Recognition Under 37 C.F.R. §10.9(b) for Michel Morency.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
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TRA 1538831v2



UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/867,847	05/29/2001	1642	606	14445-501 N CIP	7	39	5

CONFIRMATION NO. 8081

CORRECTED FILING RECEIPT



OC00000006508207

Ivor R Elrifi Phd
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, MA 02111

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Date Mailed: 09/04/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Robert Chalifour, Ile Bizard, CANADA;
Lise ~~Hebert~~, Brossard, CANADA;
Xianqi Kong, Dollard-des-Ormeaux, CANADA;
Francine Gervais, Ile Bizard, CANADA;

Hebert

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/724,842 11/28/2000
WHICH CLAIMS BENEFIT OF 60/168,594 11/29/1999

mu

Foreign Applications

If Required, Foreign Filing License Granted 06/19/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

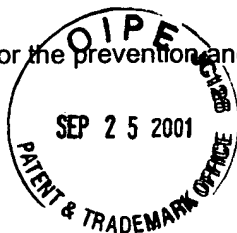
Early Publication Request: No

** SMALL ENTITY **

Title

Vaccine for the prevention and treatment of alzheimer's and amyloid related diseases

Preliminary Class
424



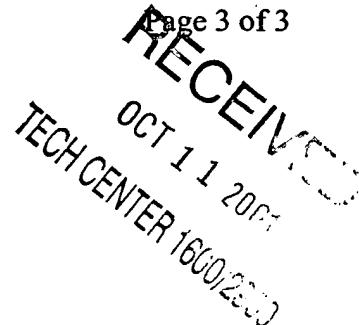
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Team : OIPE

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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Bib Data Sheet

CONFIRMATION NO. 8081

SERIAL NUMBER 09/867,847	FILING DATE 05/29/2001 RULE	CLASS 424	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 14445-501 CIP
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APPLICANTS
 Robert Chalifour, Ile Bizard, CANADA;
 Lise Hebert, Brossard, CANADA;
 Xianqi Kong, Dollard-des-Oremaux, CANADA;
 Francine Gervais, Ile Bizard, CANADA;

**** CONTINUING DATA *******
 THIS APPLICATION IS A CIP OF 09/724,842 11/28/2000
 WHICH CLAIMS BENEFIT OF 60/168,594 11/29/1999 *ST*

**** FOREIGN APPLICATIONS *******
None ST

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
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 GLOVSKY and POPEO, P.C.
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 Boston ,MA 02111

TITLE
 Vaccine for the prevention and treatment of alzheimer's and amyloid related diseases

FILING FEE RECEIVED 671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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